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## **1.0 Description of the Service**

Major advances in care of burn patients have resulted in marked decreases in mortality and morbidity, especially with massive burns. In addition to survival the current focus in burn care is on improving the long term function and appearance of the healed or replaced skin cover as well as quality of life.

### **1.1 Monitoring of Interstitial Fluid Pressure**

As subeschar edema develops under burn tissue, tissue pressure increases which decreases venous return, thus impairing arterial flow making escharotomy necessary. Monitoring of interstitial pressure is a necessary procedure in a patient with severe full thickness burns to detect muscle compartment syndrome. Compartment pressures may need to be taken several times a day and in numerous locations to determine if a fasciotomy should be performed. Failure to diagnose compartment syndromes and act appropriately can result in loss of digits, or limbs, and can contribute to loss of life.

Usually the pressure measurement number itself is not used as an absolute indication but is compared with previous measurements and any clinical evidence of nerve compression, i.e., tingling, increased pain, decreased sensation, or vessel compression. Motor nerve dysfunction is more difficult to assess given the fact that muscle damage may be impossible to distinguish from nerve damage. Excessive tissue turgor is the single most useful sign of underlying muscle damage and the need for fasciotomy.

### **1.2 Escharotomy**

An escharotomy is an incision made through the eschar (dead tissue) into the fat layer below to relieve pressure. It is a surgical procedure performed by the physician, with the surgical wound covered by a dressing. Often an escharotomy is necessary in circumferential (burned all the way round) second and third degree burns of the arms, hands, legs and chest. The need for an escharotomy usually occurs within the first 12 to 48 hours following burn injury. The pressure from the edema can cause constriction of the veins, arteries and nerves of the arms and legs, just like a tight tourniquet. In circumferential burns of the chest, the pressure from the edema can prevent the patient from adequately expanding his or her chest wall to breathe.

### **1.3 Fasciotomy**

Fasciotomy is a surgical procedure in which the fascia is cut to relieve tension or pressure that limits circulation to an area of tissue or muscle. Fasciotomy is a limb saving procedure when used to treat acute compartment syndrome.

Acute limb compartment syndrome is a surgical emergency characterized by raised pressure in an unyielding osteofascial compartment. Sustained elevation of tissue pressure reduces capillary perfusion below a level necessary for tissue viability, and irreversible muscle and nerve damage may occur within hours. Causes include trauma, revascularization procedures, burns, and exercise. Regardless of the cause, the increased intracompartmental pressure must be promptly decompressed by surgical fasciotomy.

## **1.4 Skin Grafting**

### **1.4.1 Autograft**

Autografting involves taking skin from an unburned part of the patient's body (donor site) and placing it on the burn wound. After excision, skin grafting may be done if the burn injury is not too extensive. Skin grafting may be postponed until the excised wound bed is healthier. More than one surgical procedure may be necessary depending upon the extent and location of the burns. If more than one surgery is necessary, temporary skin coverage is needed to protect the wound until final grafting or healing takes place.

Most full thickness and sometimes partial thickness burn injuries require excision and skin grafting. When the excised wound bed is ready for skin grafting, the autograft is used to cover the defect.

Partial thickness burns cause blisters and damage all of the epidermis and part of the underlying dermis. These burns usually heal on their own when treated with cleaning and bandaging, however if they are extensive or in a sensitive area, such as the face, they may benefit from the use of cellular wound dressings. These temporary coverings help prevent infection and fluid loss until autografting can be performed. These products may also allow surgeons to take thinner grafts because not as much dermis is required in the autograft.

Full-thickness burns completely destroy both the epidermis and the dermis, and may even damage the underlying flesh and bones. The body is unable to heal itself properly because there are no healthy cells to regenerate. These burns require surgery to replace damaged skin with healthy skin, a process known as grafting. If these wounds are not treated, the body attempts to close them by forming scar tissue that contracts over time, leading to disfigurement and loss of motion in nearby joints.

Surgeons use partial thicknesses of healthy skin from another part of the person's own body (autografting) as a permanent treatment for burn wounds. When the skin damage is so extensive that there is not enough healthy skin available to graft initially, surgeons may use cellular wound dressings.

### **1.4.2 Allograft**

An alternative to autografting is to use skin from another person (allograft) or from another species (xenograft) as a temporary covering to protect the wound. (Refer to Clinical Coverage Policy 1G-2, Bioengineered Skin.)

Allografting is more common than xenografting. Allografting uses skin from cadaveric donors, and provides the temporary natural protection of human skin. Xenografts of pigskin are sometimes used if allografts are not available. Xenografts of pigskin are in plentiful supply. Pigskin is the xenograft source that is most anatomically similar to human skin.

## 2.0 Eligible Recipients

### 2.1 General Provisions

Medicaid recipients may have service restrictions due to their eligibility category that would make them ineligible for this service.

### 2.2 EPSDT Special Provision: Exception to Policy Limitations for Recipients under 21 Years of Age

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) is a federal Medicaid requirement that requires the state Medicaid agency to cover services, products, or procedures for Medicaid recipients under 21 years of age **if** the service is **medically necessary health care** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem] identified through a screening examination\*\* (includes any evaluation by a physician or other licensed clinician). This means EPSDT covers most of the medical or remedial care a child needs to improve or maintain his/her health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems. Medically necessary services will be provided in the most economic mode, as long as the treatment made available is similarly efficacious to the service requested by the recipient's physician, therapist, or other licensed practitioner; the determination process does not delay the delivery of the needed service; and the determination does not limit the recipient's right to a free choice of providers.

EPSDT does not require the state Medicaid agency to provide any service, product, or procedure

- a. that is unsafe, ineffective, or experimental/investigational.
- b. that is not medical in nature or not generally recognized as an accepted method of medical practice or treatment.

Service limitations on scope, amount, duration, frequency, location of service, and/or other specific criteria described in clinical coverage policies may be exceeded or may not apply as long as the provider's documentation shows that the requested service is medically necessary "to correct or ameliorate a defect, physical or mental illness, or a condition" [health problem]; that is, provider documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

#### **\*\*EPSDT and Prior Approval Requirements**

- a. If the service, product, or procedure requires prior approval, the fact that the recipient is under 21 years of age does **NOT** eliminate the requirement for prior approval.
- b. **IMPORTANT ADDITIONAL INFORMATION** about EPSDT and prior approval is found in the *Basic Medicaid Billing Guide*, sections 2 and 6, and on the EPSDT provider page. The Web addresses are specified below.

**Basic Medicaid Billing Guide:** <http://www.ncdhhs.gov/dma/medbillcaguide.htm>

**EPSDT provider page:** <http://www.ncdhhs.gov/dma/EPSDTprovider.htm>

### 3.0 When the Service Is Covered

**IMPORTANT NOTE:** EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED.** For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

#### 3.1 General Criteria

Medicaid covers escharotomy, fasciotomy, and skin grafting when it is medically necessary and

- a. the procedure is individualized, specific, and consistent with symptoms or confirmed diagnosis of the illness or injury under treatment, and not in excess of the recipient's needs;
- b. the procedure can be safely furnished, and no equally effective and more conservative or less costly treatment is available statewide;
- c. the procedure is furnished in a manner not primarily intended for the convenience of the recipient, the recipient's caretaker, or the provider; and
- d. the procedure is performed for burn injury diagnoses.

### 4.0 When the Service Is Not Covered

**IMPORTANT NOTE:** EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED.** For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

#### 4.1 General Criteria

The service is not covered when

- a. the recipient does not meet the eligibility requirements listed in **Section 2.0**;
- b. the recipient does not meet the medical necessity criteria listed in **Section 3.0**;
- c. the procedure duplicates another provider's procedure in a way or at a time or frequency that is not medically necessary; or
- d. the procedure is experimental, investigational, or part of a clinical trial.

## 5.0 Requirements for and Limitations on Coverage

**IMPORTANT NOTE:** EPSDT allows a recipient less than 21 years of age to receive services in excess of the limitations or restrictions below and without meeting the specific criteria in this section when such services are **medically necessary health care services** to correct or ameliorate a defect, physical or mental illness, or a condition [health problem]; that is, documentation shows how the service, product, or procedure will correct or improve or maintain the recipient's health in the best condition possible, compensate for a health problem, prevent it from worsening, or prevent the development of additional health problems.

**EPSDT DOES NOT ELIMINATE THE REQUIREMENT FOR PRIOR APPROVAL IF PRIOR APPROVAL IS REQUIRED.** For additional information about EPSDT and prior approval requirements, see **Section 2.0** of this policy.

### 5.1 Prior Approval

- a. Prior approval is not required for acceptable burn injury diagnoses.
- b. Prior approval must be obtained for scar revisions.

## 6.0 Providers Eligible to Bill for the Service

Providers who meet Medicaid's qualifications for participation and are currently enrolled with the N.C. Medicaid program are eligible to bill for escharotomy, fasciotomy, and skin grafting when the procedure or service is within the scope of their practice.

## 7.0 Additional Requirements

Medical records must substantiate all services and billings to Medicaid.

## 8.0 Policy Implementation/Revision Information

**Original Effective Date:** January 1, 1974

**Revision Information:**

Date	Section Revised	Change
4/1/07	Attachment A	Billing unit limitations were revised for CPT codes 15001, 15101, 15121, 15171, 15301, 15321, and 16036.

## Attachment A: Claims-Related Information

Reimbursement requires compliance with all Medicaid guidelines, including obtaining appropriate referrals for recipients enrolled in the Medicaid managed care programs.

### A. Claim Type

#### 1. CMS-1500 Claim Form

Providers enrolled in the N.C. Medicaid program bill professional services on the CMS-1500 claim form.

#### 2. UB-92 Claim Form

Hospital providers enrolled in the N.C. Medicaid program bill facility charges on the UB-92 claim form and professional charges on the CMS-1500 claim form.

### B. Diagnosis Codes

Providers must bill the ICD-9-CM diagnosis that most accurately describes the reason for the encounter. Providers must bill the ICD-9-CM diagnosis codes to the highest level of specificity that supports medical necessity.

### C. Modifiers

Providers are required to follow applicable modifier guidelines.

### D. Billing Units

Date of Services	Code	Description	Daily Unit Limitation
January 1, 2007 and after (Replaces 15000)	15002	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar; or incisional release of scar contracture, trunk, arms, legs, first 100 sq cm or 1% of body area of infants and children	1 unit
January 1, 2007 and after (Replaces 15001)	15003	Each additional 100 sq cm or 1% of body area of infants and children (in addition to primary code)	60 units
January 1, 2007 and after	15004	Surgical preparation or creation of recipient site by excision of open wounds, burn eschar, or scar; or incisional release of scar contracture, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	1 unit
January 1, 2007 and after	15005	Each additional 100 sq cm or 1% of body area of infants and children (in addition to primary code)	20 units
	15100	Split-thickness autograft, trunk, arms, legs; first 100 sq cm or less, or 1% of body area of infants and children	1 unit

Date of Services	Code	Description	Daily Unit Limitation
	15101	Each additional 100 sq cm or 1% of body area of infants and children (in addition to primary code)	60 units
	15120	Split-thickness autograft, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	1 unit
	15121	Each additional 100 sq cm, or 1% of body area of infants and children (in addition to primary code)	20 units
	15300	Allograft skin for temporary wound closure, trunk, arms, legs; first 100 sq cm or 1% of body area of infants and children	1 unit
	15301	Each additional 100 sq cm or 1% of body area of infants and children (in addition to primary code)	60 units
	15320	Allograft skin for temporary wound closure, face, scalp, eyelids, mouth, neck, ears, orbits, genitalia, hands, feet and/or multiple digits; first 100 sq cm or 1% of body area of infants and children	1 unit
	15321	Each additional 100 sq cm, or 1% of body area of infants and children (in addition to primary code)	20 units
	16035	Escharotomy; initial incision	1 unit
	16036	Each additional incision (in addition to primary code)	12 units
	20950	Monitoring of interstitial fluid pressure in detection of muscle compartment syndrome	4 units

Fasciotomy procedure codes have limitations of up to two daily maximum allowable units, and are subject to modifier guidelines.

**E. Place of Service**

Inpatient Hospital  
Outpatient Hospital  
Ambulatory Surgery Center  
Office

**F. Reimbursement**

Providers must bill their usual and customary charges.